Catawba County Board of Health
Minutes
November 3, 2014

The Catawba County Board of Health met on Monday, November 3, 2014. The meeting convened at 7:00 p.m. at Catawba County Public health, 3070 11th Av Dr SE, Hickory, NC 29602 in the Boardroom.

Members present: Mr. William Mixon, Chair
Mr. John Dollar, Vice-Chair
Mr. Dan Hunsucker, Commissioner
Dr. Matthew Davis
Mr. Brian Potocki
Dr. David C. Hamilton, Jr.
Ms. Brenda Watson

Members absent: Dr. William Geideman
Dr. Sharon Monday
Ms. Naomi East

Staff present: Mr. Doug Urland, Health Director
Ms. Kelly Isenhour, Assistant Health Director
Ms. Jennifer McCracken, Health Services Manager
Mr. Mike Cash, Environmental Health Supervisor
Ms. Julie Byrd, WIC Supervisor
Ms. Rhonda Stikeleather, Children's Services Nurse Supervisor
Mr. Scott Carpenter, Environmental Health Supervisor
Ms. Chantae Lail, Medical Lab Manager
Ms. Martha J. Knox, Administrative Assistant III

Visitor: Jodi Stewart, County Attorney

CALL TO ORDER
Mr. William Mixon, Chair called the meeting of the regular meeting of the Catawba County Public Health Board to order at 7:00p.m.

VISITOR
Mr. William Mixon, Chair, asked Ms. Martha Knox, Administrative Assistant to introduce the visitor to the Board. Ms. Knox stated that Jodi Stewart, County Attorney, is visiting the Catawba County Board of Health meeting as a participant in the Catawba County Leadership Academy. Mr. Mixon welcomed Ms. Stewart to the Board meeting.

AGENDA
Mr. William Mixon, Chair, asked if there were any changes to the Agenda, hearing none, he requested a motion to accept the agenda as presented. Mr. Dan Hunsucker made a motion to accept the agenda as presented. Ms. Brenda Watson seconded the motion and it passed unanimously.

MINUTES
Mr. William Mixon, Chair, stated that the Minutes for October 6, 2014 and the Closed Session Minutes for October 6, 2014 were in the Board packet. He asked if there were any changes to be made to those minutes as presented. Hearing none Mr. Dan Hunsucker made a motion to accept the minutes for October 6, 2014 and the Closed Session minutes as presented. Dr. David C. Hamilton, Jr., seconded the motion and they passed unanimously.

PUBLIC COMMENTS
Mr. Mixon asked if anyone presented to speak before the Board. Ms. Martha Knox, Administrative Assistant III, stated that no one had presented to speak.

COMMISSIONERS COMMENTS
Mr. Dan Hunsucker, County Commissioner stated the Board of Commissioners made two presentations at their meeting held on this date.

The Board issued a proclamation declaring November 15-23 as National Hunger and Homelessness Awareness Week to recognize that hunger and homelessness continues to be a serious problem for many individuals and families in Catawba County and encourage support for homeless assistance service providers as well as community service opportunities for students and school service organizations.

The Board recognized nineteen graduates of the County's Mini Course. Commissioner Hunsucker asked Ms. Jodi Stewart to share information about the Mini Course that employees can attend. Ms. Stewart stated that employees voluntarily attend sessions during lunch hours to learn more about the services each County department provides. This year's graduates include: Shannon Bowers, Teresa Buff, Jack Chandler, Thomas Derrig, Tyler Garrison, April Green, Karen Harrington, Karen Herron, Dana Hicks, Amelia Kennedy, Kate Littlefield, Abigail Marquez-Padua, Cindy Meadows, Margaret Monday, Shelly Pritchard, Nathalia Queen, Bruce Roseman, Donna Smith and Tabitha Wheeler. The graduates will be honored at a luncheon on Thursday, November 13, 2014, at the Catawba County Country Club.

Mr. Mixon thanked Commissioner Hunsucker for his report.

INFANT MORTALITY UPDATE
Ms. Jennifer McCracken, Health Services Manager, gave a report to the Board on Infant Mortality in North Carolina and Catawba County. Ms. McCracken stated that the data included in this report is from 2013 and this is attributed to the delay in reporting from federal and state sources.

Infant Mortality rate is an estimate of the number of infant deaths for every 1,000 live births and is often used as an indicator to measure health and well-being of a county, state, and nation. In 2013, the State of North Carolina reported a 10.1% decrease in African American infant mortality rate. However, Ms. McCracken stated more than twice as many African American babies die before their first birthday compared to white babies.

The statistics show that half of women who delivered infants were overweight or obese and this factor is important in reducing infant mortality. Catawba County Public Health (CCPH) has partnered with CVMC Maternity Services to provide a Registered Dietitian to work with the prenatal clinic in efforts to reduce obesity in pregnant women.

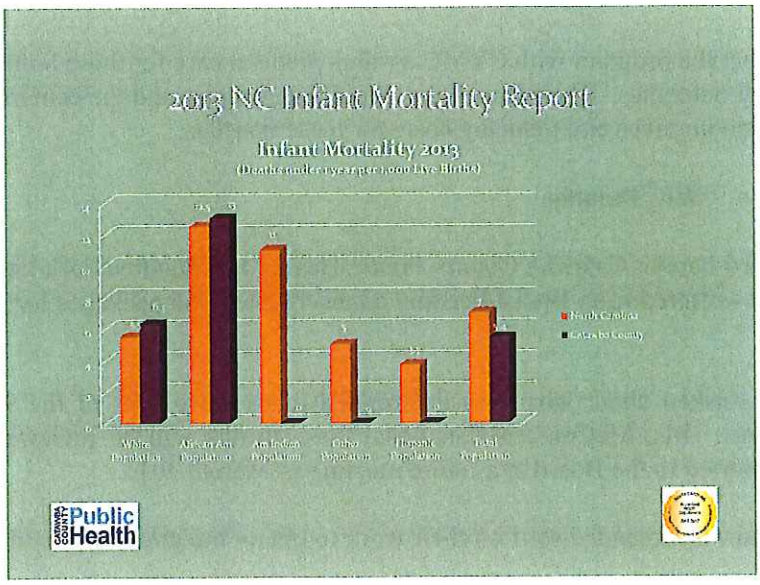
The leading causes of infant mortality are: low birth weight, prematurity, birth defects, maternal complications of pregnancy, Sudden Infant Death Syndrome (SIDS) {this is also referred to as Sudden Unexplained Death Syndrome}, and other sleep related injuries (e.g. suffocation).

The report documents the cost of Infant Mortality. Included in the high costs is the time a baby spends in a Newborn Intensive Care (NICU), which is the top expense in the Medicaid budgets nationwide. She stated that the cost of one day in a NICU can exceed $3,500 per day and Ms. McCracken added she feels this may be a low estimate. When the baby goes home there are additional expenses for post-discharge medical care, lost work hours for the parents or grandparents, medical equipment, medical bills, and the emotional impact on the caregivers.

In addition to these costs, there may be developmental delays that present obstacles in education and future chronic health problems that will have economic impacts on these families and the communities they live in. She stated that in a study it was stated that a direct medical costs of infants with very low birth weight $10,139 compared to $1,100 for a full term infant. After discharge from the hospital there is an additional seven fold increase of additional cost for a low birth weight.

Catawba County's mortality rate shows that in 2013 there were 9 deaths out of 1,672 live births. This makes our infant mortality rate 5.4% compared to North Carolina's rate of 7.0%. Ms. McCracken added that Catawba County's rate shows a slight increase compared to 2012 which was 3.3% for CC and NC rate of 7.4%. She added that these rates are considered unstable because they are below 10.

Below is the bar graph that Ms. McCracken shared showing the comparison of infant mortality rates of different population groups for Catawba County and North Carolina in 2013:



Mr. Mixon asked about the % rate for the 9 deaths in Catawba County, and Ms. McCracken stated that the rate is 9 deaths per 1,000 live births in Catawba County.

Ms. McCracken stated that Catawba County has several programs and initiatives that are actively working to reduce the infant mortality and morbidity for babies.

- Vibrant Care Management Programs
  - Pregnancy Care Management (PCM)
  - Care Coordination for Children (CC4C)

The case management programs use best practices to assist these families. The PCM and CC4C programs in Catawba County are looked to by the State of NC as a model program.

- Newborn/Postpartum Home Visiting program

CCPH continues to offer newborn/postpartum visits for new mothers and their babies. This is open to all OB/GYN practices in Catawba County especially participants at the CVMC clinic operating here at CCPH.

This program is seen as a critical part in providing the needed services to these low-weight births early to ensure a good outcome for these babies.

Recently the PCM and CC4C programs received a $5,000 annual mini-grant to implement a safe-sleep initiative. This will assist mother's without the resources to provide a safe sleeping environment for their infants. Ms. McCracken stated that the staff members that go into the homes have documented unsafe environments for infants that include babies sleeping in drawers, on sofas, or in a crib filled with things that should not be in a crib with an infant.

The mini-grant will provide Pak n Play cribs and a crib sheet to allow the infant a safe place to sleep, and also education for the mothers.

- Seamless partnership with Catawba Valley Medical Center
  - Low and High Risk prenatal care
  - State of the art facility and Level 3 Nursery
  - Centering Program

Ms. McCracken stated that the program with CVMC assures prenatal care for these mothers and their babies that contribute to a good birth outcomes. The State-of the Art birthing center and the centering program that CVMC offers is contributing to saving lives and reducing costs for these families.

- WIC Program

The WIC Program offered here at Catawba County Public Health, has hundreds of mothers and children taking advantages of the services offered from Breast Feeding counseling to food packages for pregnant women and for infants and children.

Dr. David Hamilton, Jr., asked about what was determined to be the causes of the 9 deaths experienced by Catawba County residents. Ms. McCracken stated that these deaths will be reviewed by the Child Fatality Prevention Team and reported to the Board at a future meeting in March, 2015.

Mr. William Mixon, Chair, commended staff on their work to obtain the grant to provide the cribs to mothers of these high risk children.

ENVIRONMENTAL HEALTH UPDATE

Mr. Scott Carpenter, Environmental Health Supervisor, gave his report on the Environmental Health Food and Lodging Program.

He stated that Senate Bill 734 is requiring that the State Environmental Health Program and local programs examine all of the rules pertaining to food and lodging establishments.

- Review of the rules will ascertain whether there is sufficient interest for Environmental Health to be involved in inspecting different items to protect the public's health.
  - 800 pages of rules will be reviewed as to whether they are necessary or unnecessary to ensure public's safety
  - Committees have been established to begin doing the review of these rules.
  - Initial determination of the rules that will be retained and/or modified will be in October 2017 and the final determination will be on or before October 2018.

Limited Food Services – Lodging Facilities -

- Lodging facilities that serve only reheated food that has been pre-cooked
- Food is discarded – end of day
- Pre-portioned meat, fish poultry

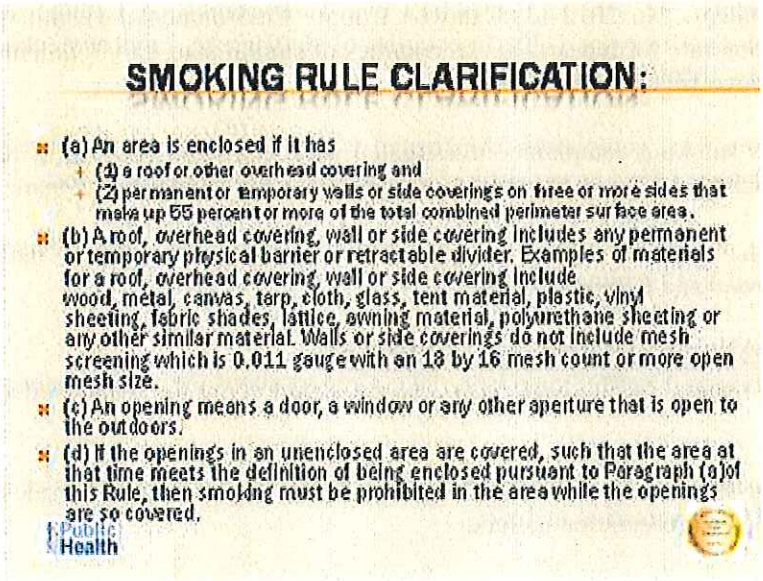
Mr. Carpenter stated that establishments that serve eggs, sausage, and other food items are inspected 2x per year. This would include establishments that offer a buffet type service where food is frozen, thawed, reheated and place on a buffet.

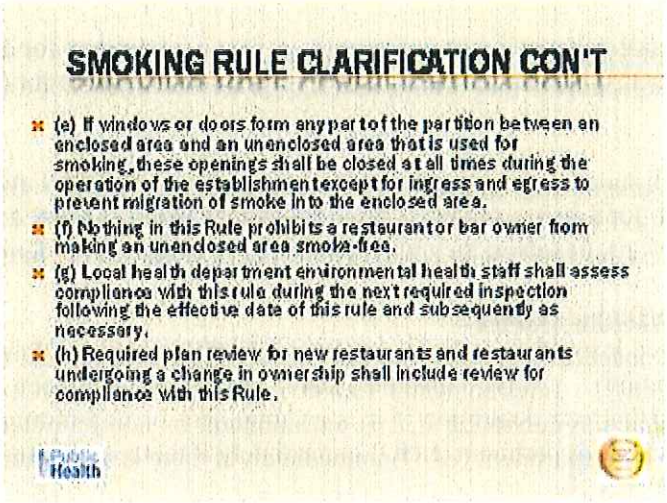
Limited food service establishments can operate with regular non-commercial refrigeration and stoves. The only requirement is that the food being served is pre-cooked and being re-heated in a microwave. They will receive the 2x a year inspections, however, they will be allowed to operate with domestic equipment.

Amendment Hotel Carbon Dioxide Alarms -
This amendment would move inspection authority to the "code official responsible for enforcing the NC State Building Code (Fire Prevention)". Environmental Health inspectors have been conducting the inspections, however, the local Fire Marshal can determine if it is an imminent or non-imminent hazard. The local code official will contact Local Health Department (LHD) immediately if there is an imminent hazard.

Non-imminent hazards the establishment is given 3 working days to correct and if the correction is not made the local code official contacts the LHD and after an investigation, the appropriate action will be implemented.

Smoking Rule Clarification –
Mr. Carpenter reviewed the smoking rules with the Board (see the two slides below)





Mr. Carpenter stated that when a restaurant wants to proceed with a outdoor area that will allow smoking, they need to request assistance from Environmental Health so that the area being built follows the requirements set out under the Smoking Rule.

Fiscal Year 2013-14 -
A review of the work completed by Environmental Health staff shows that 2,291 inspections were performed on 984 permitted establishments. In 2012-13, Catawba County Environmental Health was 1 of 58 counties to achieve a 100% inspection rate for types 1-30. In counties of similar size, Environmental Health was 3 out of 6 of those counties to achieve 100% of inspections.

In 2013-14 there were 9 smoking complaints investigated with 2 of those complaints requiring an on-site visit. Please see Minutes Attachment I for a comparison of inspections for several fiscal years.

Mr. Carpenter stated he would be glad to answer any questions the Board may have concerning the Environmental Health Food and Lodging Update.

ONSITE WATER PROTECTION PROGRAM UPDATE
Mr. Mike Cash, Environmental Health Supervisor, gave a report about the onsite water protection program for Catawba County.

The 2014 Legislative session has also mandated that the Onsite Water Protection rules be reviewed. Some of the highlights of Mr. Cash's presentation include:

- Clarifying the process for readopting and/or changing existing rules.
- Reforming the agency review of engineering work.

Mr. Cash stated that Catawba County Environmental Health has had very good working relationships with the engineering firms that conduct work in Catawba County. He stated that this review will provide a standardization of the way reviews are conducted with engineering firms across the state.

- Standardize local well programs
- Expands design flow exemptions to include dwelling units.
    - In past the design was based on the number of bedrooms – 120 gallons/day/bedroom
    - The proposed change will be to include flow exemptions for residential structures.

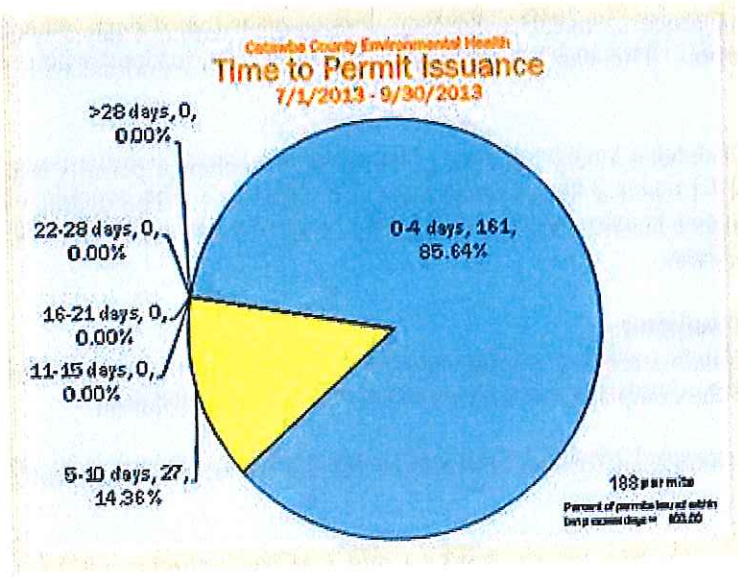
SL 2014-100 -
Mr. Cash stated the State Lab will be allowed to charge up to $75 for analysis of well samples. This does not impact CCPH as much as other Local Health Department programs in North Carolina, due to the following:

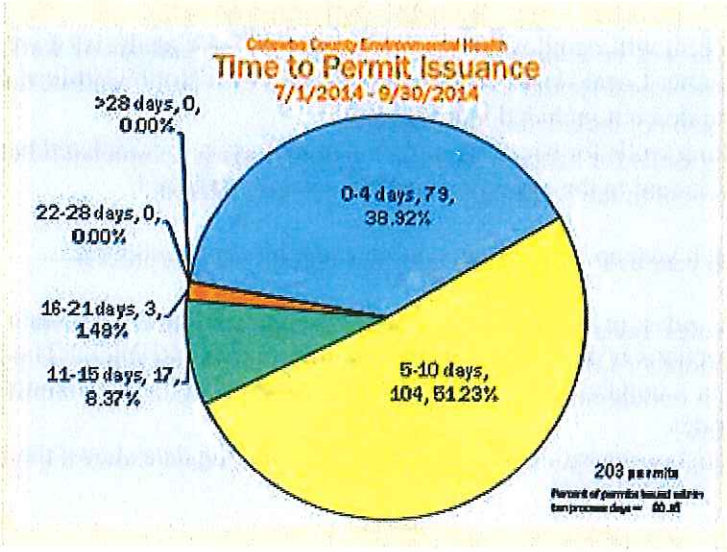
- New Well Construction not included in this change
- Fees are for checking wells for bacteria analysis – our analysis is completed here in our PH Lab.
- Chemical analysis is sent to the State Lab and those will be affected.

Our fees are considered each year as Public Health goes through the budget process.

Mr. Cash stated that the rules revisions that are being considered are significant. Committees are being assembled to look at all sections of the rules that govern Environmental Health. The process will involve both local and state personnel in a collaborative effort. The goal will be to focus on simplification, practicality and elimination of redundant rules.
Mr. Cash reviewed the statistics regarding issuance of permits and the data shows the impact of the reduction in staff.

The following slides show the comparison of 2013-2014.





The data shows that the number of permits for the same time period has increased, and that outcomes went from 7 day process to a 10 day process. In 2013, 86% were processed within 4 days, whereas, in 2014, 39% were processed in that time period. This can be attributed to the increased workload with 3 employees instead of 4 since 2013.

Mr. Cash stated that this has been a very busy year. The actual number of permits issued in 2013-14 represents a 7% increased over 2012-13 and a 33% increase since FY 2010-11. The average time from application to septic system permits issuance has increased from 2.15 days in 2012-13 to 3.81 days in 2013-14, which is a 56% increase in service delivery time.

Environmental Health Complaints –
Mr. Cash stated that complaints require a greater amount of time, and they require numerous follow-up visits and phone calls. Some of the complaints result in legal action to get a resolution.

Septic System complaints increased 26% and Food and Lodging complaints increased 7% in 2013-14.

Final Observations –
There have been notable work increases for 2013-14 and this is continuing in the 1st quarter of 2014-15. Although, efficiency suffers, which is expected due to the workload increase and staffing shortages; the overall mission remains the same to meet the organization's goals and the regulatory responsibilities. The work quality standards have not been sacrificed and staff continues to deliver excellent customer service.

Mr. Mixon asked what a well complaint consists of. Mr. Cash stated that this would be a safety issue, such as, an uncovered abandoned well.

Mr. Cash added that Julia English, Administrative Assistant II had shared with him earlier on this date that since July 1st the clerical staff at Environmental Health have processed 642 requests for permit searches. Board members asked how long it takes to research one permit. Mr. Scott Carpenter stated that if these requests are for recent years it takes just a few minutes, however, if it is for years that have not been entered in the computer or scanned, it can take a lot of time to pull the permit information.

Mr. Doug Urland, Health Director, stated that a discussion would be held in the future, and that Environmental Health staff and the County IT department may be able to work together to find a way for the public to do online searches, which would reduce the workload for the Environmental Health staff.

HOME HEALTH ADVISORY BOARD

Mr. William Mixon, Chairman asked for a motion to suspend the regular meeting of the Catawba County Board of Health and reconvene as the Home Health Governing Body and Professional Advisory Board. Mr. Dan Hunsucker so moved and Mr. Brian Potocki seconded the motion and the motion passed unanimously.

Mr. Dan Hunsucker made a motion to return to the regular meeting of the Catawba County Board of Health. Mr. John Dollar seconded the motion and the motion passed unanimously.

COMMUNICABLE DISEASE REPORT

Ms. Kelly Isenhour, Assistant Health Director, presented the Communicable Disease update. Delay in manufacturing the Quadrivalent Flu vaccine prompted Public Health to cancel the quadrivalent vaccine order and convert to Trivalent Flu vaccine. Since the last update, CCPH received 280 of the high dose vaccine for the 65 and older population and received 570 doses of the State vaccine for the VFC qualified recipients.

Our original flu clinic schedule was amended due to a delay in vaccine delivery and the October 10th and 13th clinics were cancelled. The walk-in clinics on October 30th and 31st were held with the following results:

- 247 doses of purchased vaccine were given
  - 82 were for high dose given to 65 and older
  - 165 regular flu vaccine was give to ages 3 and older
  - 133 doses of the State vaccine for VFC eligible children and pregnant women were given.

Beginning October 8th, appointments offered for VFC eligible clients- 25 VFC eligible clients received vaccinations prior to the walk-in clinics. She stated that a total of 405 doses of flu vaccine have been given to date. NC flu surveillance via the sentinel flu sites indicate low levels of ILI (influenza-like illness) with 11 positive flu specimens have been analyzed by the Department of Public Health's State Lab. Statewide, there has been one flu death (infant) this year.

Enterovirus D68

Mid-August through October 30th, a total of 1,105 people (almost all children) from 47 states and DC were confirmed to have the Enterovirus D68. 22 cases have been confirmed in NC; however, none of these were in Catawba County.

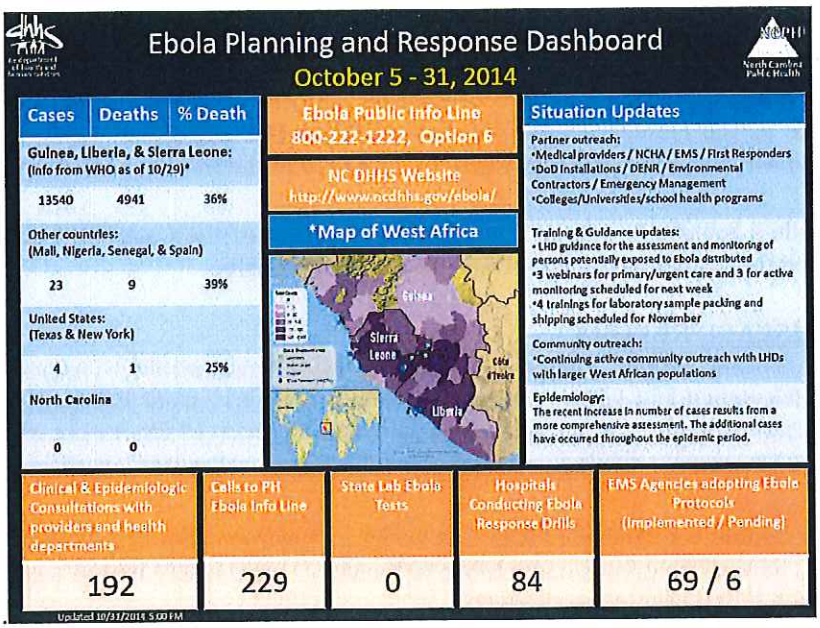
The EV-D68 was detected in specimens from 9 patients that have died, and regarding the "focal limb weakness" that is associated with EV-D68, Ms. Isenhour stated

- As of October 30, the CDC verified 64 cases in 28 states meet case definition.
- Currently in NC 2 cases meet the criteria established by the CDC for acute neurological illness with focal limb weakness; reported from the eastern and western part of the state. Testing for EV-D68 was negative for one case and results pending for the other.

EBOLA Update

Ms. Isenhour gave an update to the Board on how the NC Division of Public Health and the local Public Health have been engaged during the current EBOLA outbreak in the US. She referred to the slide (below) located on the NC DPH website that is updated daily as a good place to get accurate, current information about Ebola.

http://www.ncdhhs.gov/ebola/pdfs/Ebola_Planning_Response_Dashboard.pdf



Ms. Isenhour stated that CCPH is continuing to:

- Lead efforts to coordinate the County's Ebola response preparedness in partnership with CVMC, FRMC, Emergency Management, EMS, and other leadership.
- Hosting weekly partner coordination meetings in conjunction with a weekly all-partner conference call with NC DHHS.
- Routinely providing response guidance and situation updates from NC DHHS to local healthcare providers, response coordination partners, and other leadership as appropriate.
- Providing information, in form of a letter, to local leadership to promote awareness of local response preparedness efforts.
- Participating in media opportunities with local hospitals to communicate reassurance regarding our community's readiness.
- Developed an Ebola information page on Public Health's website and utilizing Public Health social media to provide Ebola informational resources (hotline, website) to the public.

The Centers for Disease Control and Prevention (CDC) strengthened monitoring efforts of individuals traveling from West African countries with widespread Ebola with the purpose of improving early detection of Ebola symptoms, testing and identifying disease, and treatment of Ebola. Monitoring guidelines now include four risk categories (and increase from three categories) which are: High, Some Risk, Low Risk and No Risk. State and Local Public Health is responsible for monitoring those individuals based on the assessed risk category.

She stated that a person that is classified as "High Risk" would be monitored closely than a "Low Risk" individual by utilizing Active Monitoring or Direct Active Monitoring. Ms. Isenhour went on to explain that Active Monitoring would be used with individuals in a lower risk category requiring a daily contact with local public health staff to assess for symptom development such as fever. In contrast, Direct Active Monitoring would require a twice daily contact (including one face to face contact) between individual and local public health staff.

The individual's risk category and specific circumstances along with NC Epi consultation would determine if and to what extent the individual may travel and how travel/movement is monitored during the monitoring period. The individual would be instructed on any restrictions and documentation related to travel and movement. Healthcare workers who have cared for Ebola patients in the US and in widespread Ebola countries are evaluated and monitored differently than travelers because of their increased risk.

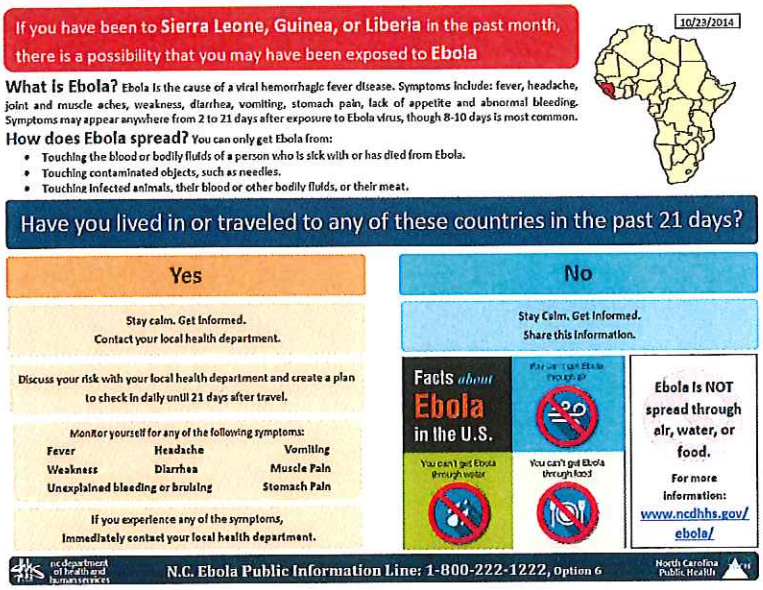
Ms. Isenhour gave a brief overview of contact tracing. She stated that this includes isolating a patient that meets the risk criterion, develops symptoms of, is tested for and diagnosed with Ebola. Once an Ebola Case is confirmed, Public Health would obtain information regarding contacts to the case, and based on their interaction with the case, the risk category and monitoring will be determined for each contact.

Ms. Isenhour added that communicable contact tracing is conducted routinely by public health staff to identify, inform, educate, and provide treatment to contacts exposed to a variety of reportable communicable diseases and conditions.

Mr. Dan Hunsucker stated that the only question he had is if the person is monitored twice a day and they don't feel bad and go to work, then they start showing symptoms – from there they go by Wal-Mart or another retail outlet to get items they feel they may need in case they are isolated by Public Health. Ms. Isenhour stated that the determination that the individual work would be evaluated based on their risk category, job duties, and other factors specific to that person. All individuals being monitored are instructed to contact public health at the first sign of illness for further instruction.

She added that public health staff are experienced in gaining cooperation of individuals diagnosed with or suspect of a communicable disease in following control measures that decrease or eliminated the spread of disease. Therefore, if staff assesses an individual to be unreliable or uncooperative, additional control measures will be implemented to ensure cooperation achieved including the use of public health authority (granted in NC Law) such as quarantine orders or other enforcement measures.

Ms. Isenhour shared one additional slide (below) about Ebola as a good example of information available to the public to assistance individuals evaluated their risk.



Doug Urland, Health Director, stated that Public Health does have the authority for quarantine/isolation, and is ordered when needed. He stated that recently he issued an isolation order regarding TB, which is a respiratory communicable disease.

He added that the social histories applied in communicable disease follow up would be applied should Catawba County identify a case of Ebola. Anyone coming into North Carolina from the affected countries in West Africa automatically are monitored for 21 days. Although there is good news about how the virus is being handled in

healthcare facilities here in the United States, Mr. Urland stated that the outbreak is not over and therefore will require that protocols continue to be followed.

Mr. Urland stated that Public Health staff has spent a lot of time responding to phone calls and participating in telephone conferences with NC Division of Public Health regarding this issue.

HEALTH DIRECTOR'S REPORT

Mr. Doug Urland, Health Director, stated that he is currently working on legislative items for the Long Session that will begin in January, 2015 for the General Assembly in Raleigh. He stated that he would update Board members as items are considered.

OTHER BUSINESS

Mr. William Mixon, Chair asked if there was any further business for the Board. Hearing none, he asked for a motion to adjourn.

ADJOURNMENT

Mr. Dan Hunsucker made a motion to adjourn the Catawba County Board of Health and Dr. Matthew Davis seconded the motion, the motion passed unanimously. The meeting adjourned at 8:55 p.m.

Respectfully submitted:

Douglas W. Urland
Health Director
DWU: mjk